MARIANHILL

Emergency Response Plan

December 2025

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A. POLICY STATEMENT

Marianhill will have a current Emergency Response Plan, also known as the "plan", in place to prevent and mitigate risk and to ensure the safeguarding of people and property in the event of an emergency.

In developing and updating the Plan, the home:

a)   consults with entities that may be involved in or provide emergency services including: fire, police, and paramedic services, community agencies, health service providers, partner facilities, and other resources that may be involved in responding to the emergency.

b)   on an annual basis, conducts a Hazard Identification and Risk Assessment exercise to identify risk and assess probability of occurrence both within the Home and the surrounding vicinity or community.

c)   consults with residents, family members, substitute decision makers, and community agencies as deemed appropriate; and

d)   maintains explicit records of these consultations and exercises.

B. INTRODUCTION

Marianhill has an Emergency Management plan to ensure the health and safety of our residents, staff, volunteers and visitors at all times, in compliance with requirements under the *Fixing Long-Term Care Act, 2021* (FLTCA), Ontario Regulation 246/22.

The plan guides the home on how to mobilize its resources in the event of an emergency and has adopted the universally recognized Incident Management System in accordance with the Emergency Management and Civil Protection Act as related to the City of Pembroke Emergency Response Plan and following the guidelines of the Ontario Ministry of Long Term Care Emergency Preparedness Manual.

This plan is organized by the following sections:

A.   Policy Statement
B.   Introduction
C.   Emergency Plan Overview
D.   Emergency Planning and Response Framework
E.   Emergency Preparedness and Planning
F.   Emergency Response
G.   Business Continuity
H.   Recovery Plans
I.   Appendices

C. EMERGENCY PLAN OVERVIEW

1. Purpose

The aim of the plan is to strategically coordinate the response to emergency situations.

The plan is designed to ensure all stakeholders involved in an emergency understand their respective roles and responsibilities during that emergency and is intended to provide a framework for a prompt and coordinated response by staff, volunteers, and allied resources, when an emergency overwhelms the home's scope of normal operations.

This plan:

- Identifies roles, responsibilities, and actions required to mitigate, prevent, prepare for, respond to and recover from emergencies at the operational level.

- Outlines the incident-specific (code) tactical response procedures for emergency situations that occur and that may or may not require a full activation of this response plan.

- Ensures a coordinated response by all departments and staff to save lives, prevent injuries, protect property and the environment.

- Enables decision-makers to efficiently and effectively deploy available resources, and

- Provides a means to identify, request and procure additional resources, supplies and equipment.

Marianhill's response to emergencies will be guided by this plan and its appendices. This plan may be used in conjunction with business continuity plans and recovery plans and should be considered a fluid and evolving document.

2.   Authority

The *Fixing Long-Term Care Act, 2021*, (FLTCA) outlines the requirement for each Long-Term Care Home in Ontario to have a written plan to prepare for and respond to emergencies.

The Ontario Regulation 246/22 section 268 identifies emergency plan requirements for each Long-Term Care Home. This includes an emergency plan that prepares for specific types of emergencies and evacuations including prescribed plan components, development, training and evaluation.

This plan includes additional legislative requirements for emergency plan considerations as mandated in the following:

Health Protection and Promotion Act, 1990

Emergency Management and Civil Protection Act, 1990

Occupational Health and Safety Act, 1990

Fire Protection and Prevention Act, 1997

3.   Definition of Emergency

The Provincial Emergency Management and Civil Protection Act defines an emergency as: "A situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise."

Emergencies vary in intensity and complexity depending on factors such as time of occurrence, weather conditions, severity of impact, nature of the affected area and demographics, etc.

Within the context of Marianhill an emergency is an urgent or pressing situation or condition presenting in an imminent threat to the health or wellbeing of any/all individuals in the home and requires immediate action to ensure the safety of life and property.

4.   Plan Maintenance and Accessibility

On an annual basis, and after every full activation of the plan, Marianhill will review and, if required, revise the Emergency Response Plan.

An Emergency Plan program Evaluation will be completed annually as part of this review.

The Environmental and Emergency Preparedness Committee convene on a quarterly basis to:
1.   *Ensure accuracy and currency of:*
a)   *the emergency response plan*
b)   *service and supply agreements*
c)   *legislative requirements.*
2.   *Confirming readiness of the Emergency Operations Centre.*
3.   *Conduct annual training for staff and other relevant parties.*
4.   *Plan the annual Emergency Response Plan activation exercise.*
5.   *Consult with stakeholders as required.*

A copy of the plan is available to all interested parties at: www.marianhill.ca.

Alternative formats of the plan may be made available upon request in writing to:
Chief Executive Officer
Marianhill Inc.
600 Cecelia Street
Pembroke ON K8A 7Z3

Document Control
All fundamental changes to this plan are vetted and approved through the Chief Executive Officer.

The plan is maintained in Policy Medical, the learning management software which is the corporately approved official repository for long-term care documents. Access to this document for maintenance is limited to the Chief Executive Officer or designate.

All versions shall be stored in accordance with the corporation's documentation retention policies.

## 5.   Emergency Plan Distribution List

One hard copy of the plan is made available in the Command Centre Box, located in the main photocopy room which can be accessed as required.

Access to an electronic version of the plan is available in Policy Medical and on the Marianhill website.

D. EMERGENCY PLANNING AND RESPONSE FRAMEWORK

Marianhill has adopted Ontario's Incident Management System (IMS) to help plan for and respond to major emergencies. IMS identifies key personnel, their duties and responsibilities in the initial moments that an emergency occurs.

Incident Management System
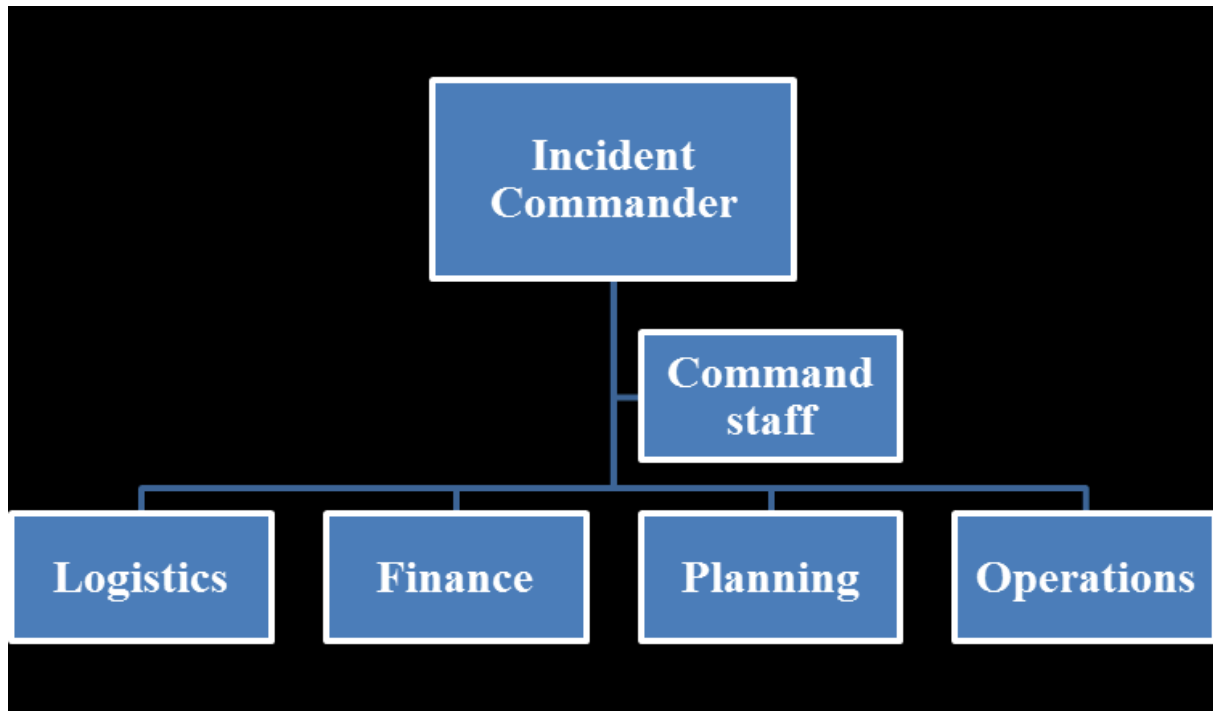
An Incident Management System is universally recognized and is designed to be scalable and flexible to the unique circumstances of any emergency. There are five elements of the IMS that are applied consistently at both the operational and tactical response level: Command, Finance, Planning, Logistics, and Operations. Within Command, there are three key positions required to ensure a seamless response: Safety Officer, Information Officer, and Liaison Officer.

Unique emergency situations (such as outbreak management) may require additional supports within the IMS In these situations, emergency specific roles may be activated to support the IMS functions, such as Infection Prevention and Control (IPAC) Practitioner(s), and Health and Safety Specialist(s).

E. EMERGENCY PLANNING AND PREPAREDNESS

In preparation for potential emergencies, Marianhill ensures that emergency plans are updated as required. Additionally, the Chief Executive Officer must attest to compliance with emergency planning requirements within the *Fixing Long-Term Care Act, 2021* and maintain verification of certification in the fire safety plan program acceptable to the Fire Marshal.

Consultations

During the development and updating of emergency plans, consultations with the Residents' Council and Family Council are held.

Emergency response organizations and allied health organizations are also given the opportunity to provide feedback during plan evaluations (annual and post-emergency) and exercises.

Hazard Identifications and Risk Assessment

The Hazard Identification and Risk Assessment (HIRA) process identifies and assesses potential hazards and risks that could give rise to an emergency impacting the home. These risks are then reviewed to establish prevention programs, mitigation strategies, contingencies or response plans.

In November 2025, the following hazards, were identified to be of highest risk for Marianhill:

- Fire/explosion
- Human Health emergencies
- Severe weather, specifically freezing rain and snowstorms
- Transportation emergency
- Cyber attack
- Sabotage

Potential hazards are identified to ensure Marianhill is able to provide a safe and clean environment with proper accommodation, nutrition, care and services at all times.

Resources, Supplies and Equipment

Marianhill ensures that required resources, supplies and equipment are available for potential emergency response including food, water, and prescription medication. Details concerning the hazard specific response plans (code response) include specific resources, supplies and equipment required for those emergencies are outlined in the appendices.

Continuity of Operations

In an emergency, essential services must continue to be provided to ensure the health and safety of the residents. In some cases, staff may be increased, reduced or redeployed to support the continuity of operations.

Each department is responsible for details related to staffing during outbreaks, epidemics and pandemics.

Emergency Service/Supply Agreements

Marianhill has signed agreements with Miramichi Lodge, Quality Inn and Pembroke Regional Hospital within the City of Pembroke, to provide temporary sheltering in the event of an evacuation.

The intensity, scale, and duration of an incident will determine if additional Mutual Aid Agreements or Memoranda of Understanding will be required.

Additional emergency service/supply agreements include:
● Township of Bonnechere Valley – potable water
● MacEwen Fuels – diesel fuel
● Valley Transportation – transportation

Staff Training and Exercises

Training and education for Long-Term Care staff are provided annually, and on an on-going basis addressing preparedness and response activities.

In November 2025, staff involved with the planning and implementation of the Emergency Response Plan completed basic emergency management training and participated in an exercise testing the response for a severe weather emergency, and Code Blue and Code Yellow incident response meeting the FLTCA requirements.

F. EMERGENCY RESPONSE

1. Emergency Response Objectives

In response to an emergency, objectives are set to guide the response to the incident. These priorities are:

1. Provide for the safety and health of all attendees and residents at Marianhill

2. Save Lives

3. Reduce suffering

4. Protect public health

5. Protect healthcare infrastructure

6. Protect property

7. Protect the environment

8. Reduce economic and social losses

2. Circumstances for Activation of the Emergency Response Plan

In general, a full activation of the Emergency Response Plan will occur when the nature of the emergency overwhelms the home's capacity to respond within the normal staffing pattern and significantly disrupts normal operations to the extent that external resources are required and may assume Incident Command of the tactical response.

The decision to activate the Emergency Response Plan is the responsibility of the Incident Commander and when possible, should be done in consultation with other members of the Command Team.

Examples include, but are not limited to:

- Full or partial evacuation
- Activation of a hazard-specific scenario (Code) emergency plan
- Receiving evacuees from another Long-Term Care home or the public
- During an exercise and/or training session
- Any event that exceeds the normal operational capacity of the home

3.   Roles and Responsibilities

During an emergency or an impending emergency in the home, of any size, scale or nature, Marianhill staff have the responsibility to:

- Monitor the situation, assess the risk and prepare for the possible effects.

- When required, evacuate residents, staff and others and relocate residents to a safe, pre-established location.

- When required, shelter-in-place to safeguard the residents and staff from external emergency events.

- Monitor and assess resident(s) for wandering risk and apply the appropriate mitigation measures.

- Continue to provide a high quality of care to residents.

4.   Tactical Response for Specific Hazards – Code Response

To prepare for and to respond to incidents that are most likely to occur, Marianhill has implemented an emergency code system and developed specific plans for the staff to follow as they manage the initial response. (Appendix A – Tactical Response Plans)

Each emergency code addresses a common and/or serious risk to residents and clients.

Code Red	Fire	Code Orange	External Disaster
Code Green	Evacuation	Code Purple	Hostage Situation
Code Yellow	Missing Resident	Code Grey	Severe Weather/Button Down
Code Black	Bomb Threat	Code White	Violence/Intruder
Code Brown	Internal Damage/Chemical Spill	Code Blue	Falls/Health Emergency

i.   Responsibilities of the Tactical Response Team

Once it becomes obvious that a serious incident is imminent or occurring, staff at Marianhill are required to manage the initial response. Following the principles of the Incident Management System, this tactical response is managed by a Tactical Response Team.

The overall responsibilities of the Incident Management Team include:

✔ Gather all available and accurate information about the incident

✔ Activate the appropriate code response plan

✔ Establish and maintain Incident Command until relieved

✔ Provide standard documentation of the incident

✔ Manage and track human resources

✔ Communicate with the Emergency Control Group

✔ Respond to and implement direction received from other authorities, such as Pembroke Fire, the Chief Medical Officer of Health, etc.

Role-specific information for the Incident Management Team is described in each Tactical Response Plan (codes). It is important to recognize that the requirements of each role remain consistent within each plan, however as staffing patterns differ during the day and night and over the course of the weekday and weekends, the individual assigned to the role may be different depending on the shift and/or day of the week.

The steps are:

1. Assess and call 911, if necessary.
2. Call the Code.
3. Don the appropriate vest
4. Establish Command.
5. Follow the Plan.
6. Ensure there is someone assigned to go to the front door to direct emergency responders.
7. Provide an update to any authority attending the scene and/or relieving your duty.
8. Follow further directions provided by emergency response agencies or Command.

While the tactical, incident specific roles and responsibilities are explained in detail each Code response plan, the Charge Nurse has the overall responsibilities of Site Commander until relieved of their duty:

✔ Maintaining the perimeter

✔ Ensuring all residents are accounted for

✔ Ensuring the overall safety of all residents

Registered Practical Nurses are responsible for:

✔ Resident areas

✔ Ensuring that the residents within those areas are accounted for

✔ Ensuring the safety of all residents within their area

5.   Operational Response – Marianhill Emergency Control Group

The Marianhill Emergency Control Group is a group consisting of Department Heads and other key personnel with overall management responsibilit for both business continuity and strategic support of emergency response and recovery operations.

The MECG implements IMS as follows:

Command – Chief Executive Officer

Emergency Information Officer

Liaison Officer

Safety Officer

Logistics Chief

Planning Chief

Finance Chief

Operations Chief

i. Roles and Responsibilities of the Marianhill Emergency Control Group

The members of the Emergency Control Group are responsible, as a group, for the following actions and/or decisions required to support an effective emergency response:

✔ Implementation of the *Marianhill Emergency Response Plan*, in whole, or in part, to respond to an impending, potential, or existing emergency.

✔ Providing advice and information to the CEO concerning the declaration and termination.

✔ Advising the CEO regarding requests for assistance from other facilities, local municipalities, the Province of Ontario, or the Government of Canada.

✔ Coordinating and directing resources used to mitigate the effects of an

emergency, in cooperation with and as a support to local municipalities.

✔ Ensuring the composition of the Emergency Control Group is appropriate to mitigate the effects of any given emergency-situation, by determining which, if any, ad hoc members are required.

✔ Ensuring the provision of essential resources and services to support emergency response activities.

✔ Ensuring timely Emergency Information is collected, developed and communicated to the media and public.

✔ Participating in interviews, press conferences and public information sessions, as required.

✔ Establishing advisory sub-committees, as required, to work on specific problem areas related to the emergency.

✔ Authorization of expenditures during the emergency; provision for cost accounting and facilitation of cost recovery.

✔ Gather all available and accurate information about the incident

✔ Activate the Emergency Response Plan

✔ Plan for possible impacts the incident may have on the residents, staff, volunteers, contracted service providers, residents' families and any other home attendees

✔ Provide standard documentation of the incident

✔ Collect, evaluate, organize and disseminate data

✔ Provide procurement, delivery/storage of supplies, support the incident

✔ Establish a system to manage and track human resources and financial expenditure

✔ Manage communication development and processes

✔ Respond to and implement direction received from other authorities, such as the Ministry of Long-Term Care, the Chief Medical Officer of Health, Renfrew County Public Health Department, City of Pembroke, etc.

ii. Activation of the Emergency Response Plan

The activation of the *Marianhill Emergency Response Plan* will result in the Emergency Control Group convening in the designated Emergency Operations Centre.

Any member of the Emergency Control Group may request that the plan be activated. The request will be made to the Chief Executive Officer/designate with sole authority to activate the *Emergency Response Plan*; activation of the plan is not dependent on, nor synonymous with, an official emergency declaration at any level of government.

Activations of the plan will include:
- notification of the Emergency Control Group
- determination of the appropriate Emergency Operations Centre
- set up of the Emergency Operations Centre; and
- any other actions required to implement the plan.

The *Marianhill Emergency Response Plan* may be implemented in whole, or in part, based on conditions at the emergency site(s) and/or the severity of the situation.

Operations Cycle

Emergency management is cyclical in nature and the Operations Cycle is how the Marianhill Emergency Control Group manages emergency operations. The Operations Cycle includes regular meetings to share information, discuss actions to be taken and/or issues to be resolved. These meetings are brief and free from interruptions; effective meetings are disciplined in nature.

Operations Cycle meetings are to be chaired by the Operations Manager. The Operations Manager, in conjunction with the MECGG will determine the meeting schedule. It is important to note that the Operations Cycle should reflect the pace of the emergency to meet the primary objectives of supporting the emergency site and coordinating the overall response.

The Marianhill Emergency Control Group will convene at the Emergency Operations Centre, e at which time they will in turn report their department or status to the Operations Manager. In the discussion regarding the decision/actions related to the priority items points concerning challenges, barriers, required resources, and any other relevant information so that timely and informed decisions can be made as a group. It is essential that every member of the MECG, covering each area of responsibility, be heard from during the Operations Cycle meeting process. The Marianhill Emergency Control Group is a team, and the actions taken by one, or the lack of action by one, may have a significant impact on an effective emergency response.

Specifically, the agenda for each Operations Cycle meeting should consistently include:

1. Current Status of each MECG member area of responsibility; including first and second priority issues for decision/action.
2. List of first priority items.
3. Determination of decision/action for second items. (
4. List of second priority items.
5. Determination of decision/action for Second Priority Items.
6. Discussion of emerging issues for future planning.
7. Determination of Key Messages for Emergency Information Officer.
8. Time of Next Operations Cycle Meeting.

Once the Operations Cycle meeting is completed, the MECG members will contact their respective departments and partner agencies to pass on relevant information or directives from the MECG. In the time-period following the Operations Cycle meeting and this information dissemination process, MECG members will begin the process of actioning decisions, gathering information, and preparing for the next Operations Cycle meeting.

6. Communication

During an emergency, effective communication must be established with Ministry of Long Term Care, Ontario Health at Home and any other government bodies as required.

Marianhill has access to reliable communication equipment that may be required to obtain emergency assistance

Furthermore, frequent and ongoing communication must be maintained with residents, substitute decision makers, residents' families, staff, volunteers, students, caregivers and other stakeholders as required.

G. Business Continuity

In all emergencies, immediately following the tactical emergency response, the Emergency Control Group begins consideration for all that is necessary to return to normal operations as quickly as possible.

- Facilitate immediate, accurate and measured service continuity activities after emergency conditions are stabilized.
- Reduce the time it takes to make some critical decisions that will need to be made when a disaster occurs.
- Minimize the incident's effect on daily operations by ensuring a smooth transition from emergency response operations back to normal operations.
- Expedite restoration of normal services.

1. Objective

The strategy is to recover critical business functions at the main facility or alternate site location.

This can include short or long-term disasters or other disruptions, such as fires, floods, earthquakes, explosions, terrorism, tornadoes, extended power interruptions, hazardous chemical spills, and other natural or man-made disasters.

2. Roles and Responsibilities

The functions and roles undertaken during business continuity do not have to previously exist within an organization; they can be assigned to one or more individuals as new responsibilities, or delegated to an external third party if that support is needed.

Managers will:

- Await further direction from Marianhill Emergency Control Group, regarding damage assessment.
- Inform their department staff and begin initial actions
- Document status of major equipment and critical supplies.
- Evaluate and document immediate staffing levels.
- Determine how long the department can remain operational in the current state.
- Prepare for direction to close down unit and/or relocate services.
- Communicate unit status, including resource needs, unit closure requirements, and staffing shortages.

- Evaluate ongoing staff needs based on existing and predicted levels of human resources available.
- Implement alternative staff resource options, including contractor staffing options that may supplement staffing needs.

3. Orders of Succession

Continuity of leadership is critical to ensure continuity of essential functions. The Emergency Management Control Group will establish and maintain order of succession for key positions in the event department leadership is incapable of performing authorized duties. The designation as a successor enables individual to serve in the same position as the principal in the event of that principal's incapacity or reassignment.

All persons (by position) listed will have authority to operate in the position they are assuming to the fullest extent possible until such person is relieved or reassigned.

4. Delegations of Authority

Delegation for taking necessary actions at all levels of an organization ensures a rapid and effective response to any emergency requiring the activation of a continuity plan.

In order of succession, a successor will typically take on all of the duties of the person they are replacing. Delegation allows certain and distinct duties of one individual/position to be assigned/delegated to multiple individuals if the designated successor is not available.

The Marianhill Emergency Control Group has discretion to delegate by expertise if role assignment suits particular skills/ability.

5. Assessing and determining essential services

Essential services and functions are important and urgent. Essential functions are the activities that cannot be deferred during an emergency. These activities must be performed continuously or resumed quickly following a disruption.

The recovery timeframe of all services, departments and functions are assessed and prioritized to assist in planning and recovery implementation. They serve as key continuity planning factors necessary to determine appropriate staffing, communications, essential records, facilities, training, and other requirements.

Residents needs will be assessed and depending on the extent of the issues which caused the interruption/disruption; care plans and actions will be developed (i.e. critically ill residents will be transferred to the hospital if available/alternate sites(s). Issues to consider are such things as continued need for O2, suction, insulin etc.

Facility needs will be assessed and depending on the extent of the issues which caused the business disruption plans will be put into place. Issues include hydro, gas, generator capacity, IT and communications etc.

Marianhill has identified essential function, staffing and supplies. Implementation of a continuity plan will be based on the needs and considerations of the actual incident and resources available. The incident manager will consult with other team members to determine how departments will be continuing their operations.

Any function which does not need to be performed for three days (72 hours) is not considered essential.

The reason the organization defers activities until later is to free up resources that allow it to focus on those things that cannot be deferred. Thus, it is just as important to identify non-essential functions (which can be deferred) as it is to identify essential functions (which cannot be deferred).

The maximum tolerable downtime is the maximum length of time (in hours or days) that the service or function can be discontinued without causing irreparable harm to people (staff, resident/clients, visitors) or operations.

6. Disaster response and continuity staffing

The manager/delegate will work with the MECG to minimize the impact to operations by maintaining, resuming and recovering critical functions to the service levels identified and the recovery time objectives are defined in the BCP.

During an emergency or disaster, staff resources may be limited. The following identifies the minimum staffing required in maintaining essential/ critical services and operations.

Position Title	Essential Service/Function
CEO	Commander of MECG
Director of Care / Director of Finance & Admin	Administration MECG
Executive assistant	Command center as assigned
RNs	Resident/client care as per staffing plan
RPNs	Resident/client care as per staffing plan
PSW	Resident/client care as per staffing plan
Dietary aides	Resident/client Care as per staffing plan

Position Title	Essential Service/Function
Recreation staff	Resident/client care as per staffing plan
Unit clerk (s) or RAI Coordinators	Nursing Clerical support as assigned
Scheduling Manager	Labour pool contact
Pastoral care coordinator	Resident/family support and situation specific role
Food and nutrition manager	Operation support for dietary or as delegated
Director of Finance & Admin	Operational support for various supplies (usual and situation specific) or as delegated
Environmental services manager	Operational support for facility or as delegated
Other members of the management team	Administration

Allocation of staff:

If the incident results in a decrease in staff available, or a need for increased staff, the manager will work with the Scheduling Manager to identify needs, and if necessary, brainstorm on possible solutions. The labour pool will be activated. Staff who can do alternate roles may be assigned alternate work.

Staffing considerations include (directed by MECG):

- Evaluation of immediate and ongoing staff needs based on existing and predicted levels of human resources available.
- Activate the Fan out List and notify employees as to plan activation
- Explore alternative staff resource options.
- Identification of contractors or other staff options that may alleviate problems resulting from staff loss.
- Identification of work options available through telecommuting or other off-site possibilities.
- Assess flexible leave options that would allow employees to address family needs while continuing to support the employing organization through a flexible work plan where feasible.
- Assess union issues surrounding overtime issues and disaster support/sharing of responsibilities among workers.

- Evaluation of potential health and safety issues that may arise through diversion of staff to new job roles and loss of critical staff in various operational positions.

7. Interdependencies

To perform essential/critical services, Marianhill depends on the following internal and external dependencies or needs.

The maximum tolerable downtime is the maximum length of time (in hours or days) that the service or function can be discontinued without causing irreparable harm to people (staff, resident/clients, visitors) or operations. s

Internal dependencies

Maximum tolerable downtime (estimated to be able to tolerate for 72 hours while arranging alternate planning)

Essential Service	Dependency (need)	Responsible Department	Actions to be taken if dependency is unavailable
Lights	Electricity	Environmental services	• Activate generator for emergency power • Use flashlights, open curtains
EMR, orders, lab results	Computers, iPad electronic systems	IM/IT	• Implement downtime procedures • Paper back up will be sufficient for up to 72 hours
O2	Medical gases	Contracted	• Portable tanks/alternate emergency supply
Medications	Pharmacy	Pharmacy	• Emergency supply/alternate source
Internal phones and paging system	Communication devices	Admin	• Cell phone use and runners with paper messages.
Maintain ambient temperature	HVAC	Environmental services	• Alternate climate control source for 72 hours/altered space capacity to ensure climate control available
Resident/client foodservice	Dietary	Food/nutrition or external alternate	• Alternate local supplier or catered services

Clean linens	Depends on the type of disaster	Landry or external alternate	• External laundry source

External Dependencies

For most dependencies, Marianhill will rely on internal methods for procuring staffing and resources via the MECG.

For external dependencies consider that an organization or department depend on an external partner or organization to perform its essential functions and services and that a particular department has direct contact with:

Essential service	Dependency (need)	Organization responsible	Alternative action	Maximum tolerable downtime
Food deliveries	Suppliers	Contracted suppliers	Substitute local food supply source	none
Potable water	External source for water (tank/truck/bottled)	Contracted suppliers	Substitute supplier	6-8 hours
Ambulance	911 response	County of Renfrew Paramedic Service (CORPS)	Replacement service arranged through CORPS partners (e.g. Lanark/Ottawa)	TBD by CORPS

Service essential equipment and supplies

During activations, the Marianhill Emergency Control Group will continually monitor equipment and supplies status as required. During this process the following steps will be taken:

- The goal with be to operate normally with a 72 hour back up stock of essential food/supplies/medications
- There is a 72 hour stock of essential pandemic supplies for minimum frequency of rounding and care episodes
- Document status of major equipment or critical supplies, both on hand and in use, and how long they can operate with present supply of vital consumable materials.
- Track the inventory of current equipment and supplies and create a resupply list.
- Check condition of storage or onsite stockpiles to determine the level of damage to equipment and goods. If it becomes necessary to relocate services to another facility, this stock can be used as a starting point to ensure resources will be available.

8. Service essential IT applications

Recovery Time	Software Application
0-2 Hours	Automated door security and fobs
2-12 Hours	- Electronic medical records - Electronic pharmacy system - Nurse call system
12-72 Hours	- Email - Payroll

9. IT and communications downtime procedures:

Department responsibility includes maintenance of downtime procedures, which specifies the alternative processes that are to be activated to assure continuity of services during a downtime event.

Downtime procedures checklist	
Computer & network	
Disruption	- Activate downtime procedures. - Use phones and/or paper request forms.
Recovery	When network and system are back up, downtime forms will be back entered into the system manually by support personnel.
Telephone	
Disruption	- Use runners and paper forms. - Use cell phones if able
Recovery	Use phones, and can continue to use runners with paper request forms

10. Communication

The Marianhill Emergency Control Group has the designated responsibility to ensure that essential information is communicated effectively including developing key messages that must be sent and received, to whom they should be communicated, and how the organization will send communications internally and externally.

Specifically, the designated Emergency Information Officer is responsible to ensure that information and updates regarding the disaster and recovery efforts is provided to:

- Staff, residents families and the public as appropriate
- Vendors/contracts
- Media
- Regulatory agencies
- Other stakeholders
- Notifying employee's emergency contact of applicable situation.

It is important to keep a summary of actions to take, the current status of the emergency and sources of information, and to ensure all communication needs are covered as per requirements outlined in other plans (i.e., OHS, IPAC, MOHLTC Public Health Unit etc.).

The communication plans continue to focus on the needs of staff, along with that of residents and other stakeholders, as the organization returns to normal operations. A scribe can be appointed if the MECG needs support.

11. Facilities continuity

Marianhill's overall strategy is based upon using existing internal resources for continuity of services and operations impacted by a disruptive incident, whenever possible. Primarily, this involves the relocation of departmental services to one of three alternates:
- The designated department staff would relocate to an alternate location, as identified in the tactical response plans (coded response), or as directed by the MECG.
- Designated department staff may be assigned to other departments.
- Staff equipped to work at home may be assigned to continue to work at home.

In coordination with the MECG, it will be determined whether services (clinical and non-clinical) can be continued in this location. If services can be continued, then resources needed will be identified.

12. Department closure

If a primary department location is deemed to be inoperable or unsafe, the manager/designate will initiate department closure procedures, and prepare for relocation to the alternate location which may provide full or limited operational capability. The decision to close and the activation of the alternate operating facility and relocation will be coordinated with the MECG.

Process and coordination:
- Coordinate criteria to shut down area, location of alternate location, set up, supplies needed, transport of equipment/supplies, security of building, and IT accessibility.
- Notification of closure and relocation site with exact date/time to staff and departments.
- Determine staff schedule that correlates with needs in alternate location.
- Assess and use community services staff as deemed appropriate
- Equipment and supplies
  - Request par level for supplies and determine essential needs for alternate site.
  - Determine if supplies need to be transported and how that will occur.
  - Supply vehicles with inventory for those being relocated.
- Collaborate with IT capacities for computer access, application availability and areas of needed.

13. Relocation to alternate facilities:

It may be necessary to evacuate in part or as a whole and arrangements must be made to temporarily relocate residents to facilities with the appropriate staffing and services to provide effective care. Letters of agreement and contact information is available on policy medical.

The following considerations/actions are required for efficient relocation:

- Contact alternate site when enroute to relocation site.
- Designate locations for equipment, supplies and vital records.
- Designate staff to unload equipment/supplies to designated areas.
- Place supplies in designated area and secure.
- Inventory relocated supplies and equipment.
- Designate resident/client care areas.
- Conduct resident/client assessment upon arrival.
- Designate area for staff breaks and rest periods.
- Ensure security of building.
- Post signage.
- Provide breaks and rest periods to staff.
- Re-evaluate staff schedule and needs per shift and adjust as needed.

- Work with IT and MECG to identify missing or damaged computers or communications equipment.
- Work with facility staff to ensure that all utilities are working correctly.

H. Recovery Planning

During the Recovery phase, the Emergency Operations Centre remains operational, and the Emergency Management Control Group remains in place to oversee the recovery and resumption stages and will determine the team members and will provide direction.

The MECGam will review the incident and plan for normal return to operations.

As each emergency situation is unique, so is the recovery process, however, the following considerations are given:
- Identifying critical supplies, equipment, and key suppliers to determine strategies to protect key resources or to identify alternatives.
- Implementing plans to maintain critical operations to ensure the continuity of those operations or to bring those systems back online.
- Ensuring back up and storage for off-site copies of key documents, files and business records.
- Ensure the provision of continuity of care provision in the event the home is not safe for occupancy.
- Maintain adequate records to inventory furniture, equipment, and high-cost items.
- Conducting a thorough damage assessment of the Home following the disaster/incident.
- Photographing all damage including contents, and major damages and retaining photos in an electronic format.
- Consider plans for supporting staff, such as cash advances, salary continuation, flexible work hours, reduced work hours, crisis counseling, care packages, daycare.
- Contacting insurance company to assist with contracting for clean up and restoration
- Debrief the incident response and update the plan(s) as necessary.
- Communicate changes to the plan(s) and reinforce with training.

1. Debriefing

The MECG will undertake discussion of options for debriefing and its course of time and frequency.

The purpose of the debrief is to evaluate the effectiveness of the communication processes and tools used during the emergency response phase, and incorporate lessons learned into the plan.

2. Resumption of services:

This is the process by which Marianhill resumes normal operations in the primary operating space (a single department, floor, or the entire facility). In some cases, extensive coordination may be necessary to backfill staff, procure new operating space or facility, and re-establish communications, IT infrastructure, and essential records. Once it is confirmed that essential infrastructure and supplies are available, services may be resumed at primary workspace.

Note: Following an incident, it will be determined whether an out-of-cycle update of this plan is required. If so, the update will be completed and noted appropriately at that time.

I.   Appendices

The Appendices of this plan are not for public consumption, but are available to all staff on Policy Medical.